

1. CIR./DIST./DIV. CODE ALM	2. PERSON REPRESENTED Coral, Robert		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-001112-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) Robert Coral v Comm Allen		8. TYPE PERSON REPRESENTED		9. REPRESENTATION TYPE Capital Habeas Corpus		
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.						
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Davis, LaJuana Equal Justice Initiative of Alabama 122 Commerce Street Montgomery AL 36104 Telephone Number: (334) 269-1803		12. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input checked="" type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order. Signature of Presiding Judicial Officer or By Order of the Court 05/19/2006 Date of Order _____ Nunc Pro Tunc Date _____ (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
13. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) EQUAL JUSTICE INITIATIVE OF ALABAMA 122 Commerce Street MONTGOMERY AL 36104						
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.						
CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING		
a. <input type="checkbox"/> Pre-Trial	c. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the U.S.	i. <input type="checkbox"/> Stay of Execution		
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the U.S.	h. <input type="checkbox"/> Evidentiary Hearing	l. <input type="checkbox"/> Supreme Court	m. <input type="checkbox"/> Appeal of Denial of Stay		
c. <input type="checkbox"/> Sentencing	Supreme Court	i. <input type="checkbox"/> Dispositive Motions	n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S.	o. <input type="checkbox"/> Supreme Court Regarding Denial of Stay		
d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	j. <input type="checkbox"/> Appeal	Other			
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (Rate per Hour = \$)					IN COURT TOTAL (Category a)	IN COURT TOTAL (Category a)
b. Interviews and Conferences with Client						
c. Witness Interviews						
d. Consultation with Investigators and Experts						
e. Obtaining and Reviewing the Court Record						
f. Obtaining and Reviewing Documents and Evidence						
g. Consulting with Expert Counsel						
h. Legal Research and Writing						
i. Travel						
j. Other (Specify on additional sheets)						
Totals: Categories b thru j (Rate per hour = \$)						
16. Travel Expenses (lodging, parking, meals, mileage, etc.)						
17. Other Expenses (other than expert, transcripts, etc.)						
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION		
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____		Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Supplemental Payment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets.		I swear or affirm the truth or correctness of the above statements.				
Signature of Attorney: _____		Date: _____				
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT APPROVED		
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		27a. JUDGE CODE		